SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

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 5. Any false reporting may be referred to the Police for investigation.
 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 01/04/2022 12:55 (SGT) Date of Accident 29/03/2022 14:40 (SGT) Exact Location of Accident 5002 Ang Mo Kio Ind Park 2, Singapore 569554 Additional Location Information **OPEN CARPARK** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Nissan

2488

Vehicle Registration Number GBF4972M

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LIM HONG KHIANG CONTRACTOR Company Reg No 0XXXX400X Email Address lgk23@hotmail.com Mobile Phone No (Phone) +65-96261338 Alternative Phone No +65-96261338

VEHICLE PARTICULARS

Manufacturer

Model Nv350 Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC

INSURANCE COMPANY

Name of Insurance Company **EQ Insurance Company Ltd** Type of Coverage Comprehensive Fleet Policy Policy Number DMCPHQ21-003875 Cover Note Number

DRIVER

Name of Driver LIM GEK KHOON NRIC No. SXXXX954D

Date Of Birth 26/08/1968 Occupation Outdoor Date Of Driving Pass 19/07/1986 Driving experience 35 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-96261338 Alt. Phone Number Email Address lgk23@hotmail.com Address BLK 246 SERANGOON AVENUE 3 #04-216 Address complement Postcode 550246 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Hit and run / Vandalism / Damaged whilst parked Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Police Station Name Ang Mo Kio South Neighbourhood Police Centre Police Station Phone No (Phone) +65-18004519999 Alt. Police Station Phone No (Fax) +65-65535679 Police Station Address 81 Ang Mo Kio Ave 3 Singapore 569929 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20220329/2076 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number GBF6420B Vehicle Manufacturer Vehicle Model

Commercial vehicle

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	
Contact Number	
Address	······
Address complement	
Postcode	
Insurance Company Name	-
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

WITNESS DETAILS

WITNESS 1

 Name
 UNKNOWN

 Phone
 (Phone) +65-93205935

 Email

SKETCH PLAN

IMPORTANT NOTICE

- 1. Rease report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to regulate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association
 of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

l understand, acknowledge, agree and consent that :

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the hourers lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:
- (ii) investigating the accident and/or my claims;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve
 disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail
 packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
- (c) my Personal information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

LHK I		m ollox/2022
Policyholder's Signature / Date & Time Sketch Plan	Driver's Signature (If driver is not the policy has Time B) & 5022 Ang Mo	
→ 		

Peter la police reget no. 7/2020329	0
	0/0046
	112010

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



















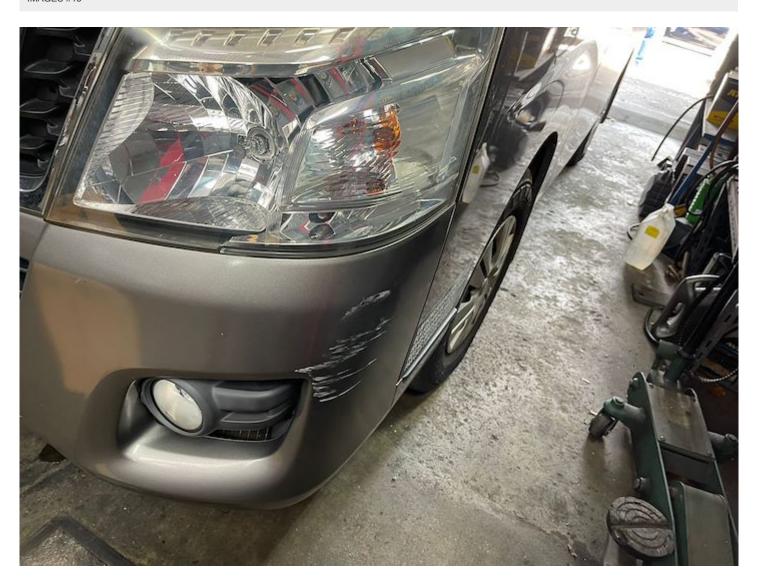
















Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

1 of 3 Report No. T/20220329/2076

Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/03/2022 18:39			Vide Report No.:	Station Diary No.: 43		
Informa	nt's Particu	ulars	MCLOSPINA STANCE			
	f Informant: K KHOON		Address: APT BLK 246 SERANGOON SINGAPORE 550246	AVENUE 3 #04-216		
ID Type / ID No.: NRIC NO / S6831954D			Contact No.: Home/Office:	Mobile: 96261338		
National SINGAP	lity: PORE CITIZ	EN	Email:			
Sex: Male	Age: 53	Date of Birth: 26/08/1968	Type of Informant: Vehicle Owner			
Race: Chinese			Language:	Institution / School Name:		
Occupation: CONTRACTOR			Driving Licence Information: Class: 2B.2A.3.4.5	Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 29/03/2022 14:40	Type of Location Car Park
Weather:	INDUSTRIAL PARK 2	Road Surface:		Road Speed Limit:
Clear				
Clear Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic

Vehide No.	Type	Make	Model	Color	Condition	No of Passenger
GBF4972M	Van	NISSAN	NV350 PANEL VAN 2.5 5AT 5DR EURO V	Grey	Slightly Damaged	0
GBF6420B	Lorry	TOYOTA	DYNA 150 5MT	Silver		0



T/20220329/2016

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929 2 of 3 Report No. T/20220329/2076

Tel No: 1800-4519999

CONTINUATION OF REPORT

Any Pedestrian Ir	nvolved: No						
No. of Pedestrians Injured: NIL Use o			Use of Pe	e of Pedestrian Crossing: NA			
Vehide Owner		7 F. S. S. S. S.	The state of the party of the party of	ATTEMPT OF			
Name	LIM GEK KHOON			ID No		S6831954D	
Related Vehicle	GBF4972M (Van)			Conta	ct No.	96261338	
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: 2B,2A,3,4,5 Date of Expiry: NIL	
Date Treatment	NIL Date D			charge	NIL		
No. of Days gran			Degree o	of Injury	NIL		

Brief Details.

On 29/03/2022 at about 1240hrs, I parked my van GBF4972M at the open carpark of 5022 Ang Mo Kio Industrial Park 2.

On the same day at about 1440hrs, I received a call from 93205935 whom informed me that he had witnessed a vehicle colliding onto my van and then drove off. Hence, I came down immediately to the carpark and met up with the witness that called me. He told me it was a lorry who had collided onto my van. He also managed to take a photo of the lorry who drove off. It is bearing registration plate number GBF6420B.

I wish to state that I do have an inbuilt camera in my lorry however it is not recording when the engine is switched off. I believe there is a CCTV at where I had parked my van.

The damage to my van is multiple scratches to the front left portion.





Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929 Tel No: 1800-4519999 3 of 3 Report No. T/20220329/2076

CONTINUATION OF REPORT

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Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:	Signature Of Informant:
Other KIAM JIN HUAT	Ø-
Signature Of Interpreter: Not applicable	Date/Time: 29/03/2022 18:39
Officer In Charge Of Case: TP / HRT / SI STEPHANIE, CHEUNG TSZ YING Contact No.: 96208032	Classification Of Case:
NP168	